



Missouri Pharmacy Program – Preferred Drug List



Pulmonary Arterial Hypertension (PAH) Agents (Inhaled and Injectable)

Effective 01/10/2013

Revised 01/08/2015

Preferred Agents

- Epoprostenol
- Ventavis®
- **Revatio® Vial**

Non-Preferred Agents

- Flolan®
- Remodulin®
- Velettri®
- **Tyvaso®**

Approval Criteria

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Pulmonary Arterial Hypertension	416.0 WHO Group 1, with WHO functional classification III-IV	N/A	720 days
Chronic Thromboembolic Pulmonary Hypertension (CTEPH)	416.8 WHO Group 4	N/A	720 days
Pulmonary Hypertension secondary to Sarcoidosis	416.8 WHO Group 5: Sarcoidosis only	N/A	720 days

Approval Criteria continued

- Documented compliance on current therapy regimen
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents

- Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Combination therapy if:
 - Patient treated with first line monotherapy with an adequate trial and still has symptoms of WHO class III or IV

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030